### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 0 9

This cover page must be completed by the report preparer. Joint reports require only one cover page.

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#### Choose one:

# This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

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### OR

# O This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

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# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 0 9

Provide SPDES ID of each permitted MS4 included in this report.

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### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 0 9

#### Required Forms

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form Additional Watershed Improvement Strategy Best Management Practices.

#### **Reporting Requirements**

- \* Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.
- \* Joint reports may be submitted by permittees with legally binding agreements as follows:
  - > <u>Each</u> MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
  - > A coalition may submit information on behalf of its members as follows:
    - 1. Submit one form for each of the Minimum Measures (and if required, Additional Watershed Improvement Strategy Best Management Practices) on behalf of all the MS4s in the coalition, or
    - 2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for each of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and in addition, include four separate Minimum Measure 6 forms and four separate Additional Watershed Improvement Strategy Best Management Practices forms provided by each of the participating permittees.

The Department will not accept a report form from a participating MS4 in addition to a combined report form submitted for the same Minimum Measure.

# Instructions for completing forms

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 0 9

	SPDES ID
Name of MS4 City of Kingston	N Y R 2 0 A 3 9 4
Each MS4 must submit an MCC form.	
Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted to certify endorsement	nt or acceptance of:
An Annual Report for a single MS4	
O A Joint Report	
Joint reports may be submitted by permittees with legally t	binding agreements.
If Joint Report, enter coalition name:	•

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 0 9

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#### **Section 2 - Contact Information**

Provide contact information for all of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

#### Submit a separate sheet for each contact.

For each contact, select all that apply:

- O Signatory Authority (choose one of the following)
  - O Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

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# MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 0 9

Name of MS4 City of Kingston	SPDES ID  N Y R 2 0 A
Section 3 - Partner Information - Submit a separate sheet fo	r each partner.
Did your MS4 work with partners/coalition to complete some or all permit period?	t requirements during this reporting
If Yes, complete information below.  If No, proceed to Section 4 - Certification Statement.	○ Yes ● No
Partner/CoalitionName	
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
	N Y R 2 0
Address	
City	Zip
eMail	
	inding Agreement in accordance 0-08-002 Part IV.G.? O Yes O No
What tasks/responsibilities are shared with this partner (e.g. MM1 S	School Programs or Multiple Tasks)?
O MM1	
O MM2	
O MM3	
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O MM4	
O MM5	
O MM6	
Additional tasks/responsibilities	
<ul> <li>Watershed Improvement Strategy Best Management Practices r watersheds included in GP-0-08-002 Part IX.</li> </ul>	required for MS4s in impaired
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### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 0

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### **Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name  James	MI M	Last Name S o t t i l e
Title Mayor		
Signature M. A. M.		Date 0 5 / 2 9 / 2 0 0 9

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, 2 0 0 9

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	Water Quality Trends																								
The info	he information in this section is being reported (check one):  On behalf of an individual MS4																								
On be		a co	alit	ion				but	ed '	to t	his	rep	ort	? [											
	. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? ○ Yes No    No													No											
If Yes, o	f Yes, choose one of the following																								
O Repor	Report(s) attached to the annual report																								
O Web	Web Page(s) where report(s) is/are provided below  Please provide specific address of page where report(s) can be accessed - not home page.																								
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This report is being submitted for the reporting period ending March 9, 2 0 0 9

Name of MS4/Coalition City of Kingston	SPDES ID    N   Y   R   2   0   A   3   9   4
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach d	luring this reporting period:
<ul><li>Construction Sites</li></ul>	O Pesticide and Fertilizer Application
General Stormwater Management Information	Pet Waste Management
Household Hazardous Waste Disposal	Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	Trash Management
○ Smart Growth	<ul><li>Vehicle Washing</li></ul>
Storm Drain Marking	O Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	O None
2. Specific audiences targeted during this reporting period:	
O Agricultural • Contractors	
Residential Developers	
Businesses General Public	
○ Restaurants ○ Industries	
Other:	

This report is being submitted for the reporting period ending March 9, 2 0 0 9

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This report is being submitted for the reporting period ending March 9, 2 0 0 9

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Submit additional pages as needed.

This report is being submitted for the reporting period ending March 9, 2 0 0 9

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#### N Y R 2 9 0 A 3 4 City of Kingston Name of MS4/Coalition Minimum Control Measure 2. Public Involvement/Participation The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply: 2 # Events Cleanup Events O Comments on SWMP Received #Comments 3 3 4 3 6 Community Hotlines Phone# Phone# Phone # Phone# Phone # Phone # Phone # Phone# Phone # Phone # Phone# Community Meetings 5 0 # Attendees 1 Plantings Sq. Ft. 0 0 0 5 0 Storm Drain Markings #Drains # Attendees 2 5 0 Stakeholder Meetings 5 Volunteer Monitoring # Events i Coun e а Other: Con S o n r 2. Was public notice of availability of annual report and Stormwater Management Program Yes O No (SWMP) Plan provided? # In List List-Serve # Days Run O Newspaper Advertising O TV/Radio Notices # Days Run Other:

• Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9, 2 0 0 9 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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This report is being submitted for the reporting period ending March 9, 2 0 0 9

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Naı	ne of MS4/Coalition City of Kingston		N	Y	R	2	0	A	3	9	4
4.	Were comments received during this reporting period?	AD in was	4		<b>.</b>			Ye			No
	If Yes, attach comments, responses and changes made to SWI this report.	vip in res	poi	ise	10 (	JOH	ше	21115	s to		
	If submitting a report for single MS4, answer 5.a If submitti	ng a join	t re	por	t, a	nsv	ver	5.b	)		
5.:	a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting?	ing perio	od?	,   <sub>1</sub>			0	Ye	s	(9)	No
	If No, is one planned?	<u> </u>		<b>'</b> [			•	Ye	ss	0	∐ No
5.	b. Was an Annual Report public meeting held for all MS4s	contrib	utiı	ng t	o t	his	rep	or	t d	uri	ng
	this reporting period?						0	Ye	s	0	No
	If No, is one planned for each?						0	Ye	s	0	No

Name of MS4/Coalition

City of Kingston

# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 0 \end{vmatrix}$  9

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6.	Evaluatin	g/M	easuring Progress	MCM 2	
					ctiveness of your Public u been tracking them and at what frequency?
Ex	ample*:				
Inc	dicator:	Nu	mber of attendees at public ev	ents/	
Вe	gan Trackii	ıg:	2005 (year)	Frequency:	Annual (ex.: annual, monthly, biweekly)
#	1000				
	<u> </u>			(ex.: samples/parti	icipants/events)
* 1	This indicate	or is	provided as an exam	ple only.	
In	dicator:	Nu	mber of storm drains marked		
Be	gan Tracki	ng:	2007 (year)	Frequency:	annually  (ex.: annual, monthly, biweekly)
#	50				
	<u>L</u>			(ex.: samples/part	icipants/events)
Re	esults:	drai	nage connections b	etween storm dra	y within the MS4 to raise public awareness of ins and surface water bodies. Markers feature s to Rondout/Esopus.
		-			

Submit additional pages as needed.

This report is being submitted for the reporting period ending March 9, 2 0 0 9

Name of MS4/Coalition City of Kingston	SPDES ID  N Y R 2 0 A 3 9 4
Minimum Control Measure 3. Il	llicit Discharge Detection and Elimination
The information in this section is being reported (c	heck one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to the</li> </ul>	is report?
1. Enter the number and approx. percent o	foutfalls mapped: 167# 100%
2. How many of these outfalls have been so reporting period (outfall reconnaissance	reened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershed reporting period?	ds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	<ul><li>Marinas</li></ul>
O Churches	O Metal Plateing Operations
O Commercial Carwashes	O Outdoor Fluid Storage
Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	Vehicle Fueling
Industrial Process Water	• Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	

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Name of MS4/Coalition City of Kingston	N Y R 2 0 A 3 9 4
3.b. What types of illicit discharges have	been found during this reporting period?
O Broken Lines From Sanitary Sewer	O Industrial Connections
O Cross Connections	○ Inflow/Infiltration
O Failing Septic Systems	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows
O Illegal Dumping	O Straight Pipe Sewer Discharges
Other:	● None
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected during this
5. How many illicit discharges have been	en confirmed during this reporting period?
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting
	een completed? • Yes • N
7. Has the storm sewershed mapping b If No, approximately what percent has	been completed? 5 0 s
<ul><li>If No, approximately what percent has</li><li>8. Is the above information available in Is this information available on the value of the second of t</li></ul>	n GIS?
If No, approximately what percent has  8. Is the above information available in Is this information available on the VI If Yes, provide URL(s):  Please provide specific address of page	a GIS? ○ Yes ● N
<ul><li>If No, approximately what percent has</li><li>8. Is the above information available in Is this information available on the value of the second of t</li></ul>	n GIS?
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This report is being submitted for the reporting period ending March 9, 2 0 0 9

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Name of MS4/Coalition City of Kingston

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 0 9

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12. Evalı	ıatino	/Me	easuring Progress I	мсм з	
What ind	licator	s do	0 0	the overall effe	ctiveness of your Illicit Discharge Elimination t what frequency?
Example	*•				
Indicator	:	Num	ber of illicit discharges identi	fied/eliminated	
Began Tr	acking	<b>;:</b> [	2005 (year)	Frequency:	Monthly inspections  (ex.: annual, monthly, biweekly)
# 25 illic	it dischar		lentified/24 eliminated		(ca. amaa, morally, circology
# 25 mic		ges ic	chimaed	(ex.: samples/part	icipants/events)
Results:  * This inc	t	rack vera		of discovery.	etions has doubled. We have developed a set have been identified are being eliminated, on
Indicator	<b>;</b>	num	ber of employees trained		
Began Tr	ackinį	g: [	2007 (year)	Frequency:	bi-annually  (ex.: annual, monthly, biweekly)
# 107			V/		
" [				(ex.: samples/par	icipants/events)
Results:	e	mpl	e 2007, when the en oyees have been tra ng the next regularly	ined by our Sto	program was established, a total of 107 city rm-water Educator. New employees are trained nual training.

Submit additional pages as needed.

Name of MS4/Coalition

City of Kingston

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 0 9

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N Y R 2 0 A

3 9 4

12. Evaluat	ing/	Measuring Progress	MCM 3	
		do you use to evalua ong have you been tra		ctiveness of your Illicit Discharge Elimination twhat frequency?
Example*:	<u></u>			
Indicator:	[]	Jumber of illicit discharges idea	ntified/eliminated	
Began Track	ing:	2005 (year)	Frequency:	Monthly inspections  (ex.: annual, monthly, biweekly)
# 25 illicit dis	scharg	es identified/24 eliminated		
1		-	(ex.: samples/parti	cipants/events)
Results:  * This indica	tra	•	icit discharges tha of discovery.	tions has doubled. We have developed a t have been identified are being eliminated, on
Indicator:	(	% of outfalls surveyed, no ID	detected	
Began Track	king:	2007 (year)	Frequency:	ongoing  (ex.: annual, monthly, biweekly)
# 12	•••••	<u> </u>		
			(ex.: samples/parti	cipants/events)
Results:	eli	minate illicit dischar	ges. DPW conduc	d Parks) are working together to identify and ets the dry weather survey. Over 6% of the her discharges during this reporting period.

Submit additional pages as needed.

Other

# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 0 \end{vmatrix}$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition City of Kingston			SPDES ID  N Y R 2 0 A 3 9 4					
Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control								
The information in this section is being	ng reported (check	one):						
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li><li>How many MS4s cont</li></ul>	tributed to this rep	oort?						
<ol> <li>Has each Town, City and/or Village contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equal protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?</li> </ol>								
If Yes, provide date of equivalent	ent NYS Sample I	Local Law.	○ 09/2004 ● 03/2006					
2. Does your MS4/Coalition have	ve a SWPPP revi	ew procedure in plac	e? • Yes • No					
3. How many Construction Storeviewed in this reporting pe		n Prevention Plans (S	SWPPPs) have been					
4. Does your MS4/Coalition has comments related to construct		or receipt and consid	eration of public  Yes O No					
If Yes, how many public comm	nents were receive	ed during this reporting	period?					
5. Does your MS4/Coalition pro SWPPP process?	ovide education a	and training for contr	actors about the local  O Yes • No					
6. Identify which of the following period for construction active do not have authority:	~ · ·							
O Notices of Violation #		O No Authority						
Stop Work Orders #		O No Authority						
O Criminal Actions #		O No Authority						
O Termination of Contracts #		O No Authority						
O Administrative Fines #		O No Authority						
O Civil Penalties #		O No Authority						
O Administrative Orders #	O Administrative Orders # O No Authority							

O No Authority

This report is being submitted for the reporting period ending March 9, 2 0 0 9

	SPDES ID
Name of MS4/Coalition City of Kingston	N Y R 2 0 A 3 9 4
Minimum Control Measure 4. Construction Site S	tormwater Runoff Control
The information in this section is being reported (check one):	
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?	
1. How many construction projects have been authorized for d	isturbances of one acre or more
during this reporting period?	0
2. How many construction projects disturbing at least one acreduring this reporting period?	e were active in your jurisdiction
3. What percent of active construction sites were inspected du	ring this reporting period?
4. What percent of active construction sites were inspected mo	ore than once?
5. Do all inspectors working on behalf of the MS4s contributin Construction Stormwater Inspection Manual?	ng to this report use the NYS  ● Yes ○ No
6. Does your MS4/Coalition provide public access to Stormwa (SWPPPs) of construction projects that are subject to MS4	
If Yes, use the following page to identify location(s) where SW	PPPs can be accessed.

This report is being submitted for the reporting period ending March 9, 2 0 0 9

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID N Y R 2 0 A Name of MS4/Coalition City of Kingston 3 9 4 6. con't.: Submit additional pages as needed. ● MS4/Coalition Office Department P 1 i | n t a n n g De р а r t m e n Address 4 2 0  $\mathbb{B}$ đ W а r 0 а У Zip City 2 NY 1 4 0 1 K i n g S t 0 n Phone 5 3 3 4 3 9 5 4 8 O Library Address Zip City Phone O Other Address Zip City Phone Please provide specific address where SWPPPs can be accessed - not home page. O Web Page URL(s): URL URL

Name of MS4/Coalition City of Kingston

# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 0 9

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N Y R 2 0 A 3 9 4

7.	Evaluati	ng/M	easuring Progress	MCM 4	
					ctiveness of your Construction Site Stormwater ng them and at what frequency?
Exa	ample*:				
Ind	licator:	Perc	cent SWPPPs reviewed		
Began Tracki		ng:	2005 (year)	Frequency:	Upon submission  (ex.: annual, monthly, biweekly)
#	50 SWPPPs				
				(ex.: samples/part	icipants/events)
* T	his indicat	for is	provided as an exam		ith modifications reflecting NYS Standards.
Ind	licator:	100	% of SWPPPs reviewed		
	gan Tracki	ing:	2008 (year)	Frequency:	ongoing  (ex.: annual, monthly, biweekly)
#	3			(ex.: samples/part	icipants/events)
Res	sults:	1		reviewed. 100%	of the SWPPPs reviewed were returned with ith modifications reflecting NYS Standards.
Sul	bmit addit	ional	pages as needed.		

Name of MS4/Coalition City of Kingston

# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 0 9 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N Y R 2 0 A 3 9 4

/ - zzraiuatii	ng/Measuring Progress	s MCM 4	
	-		ctiveness of your Construction Site Stormwater ng them and at what frequency?
Example*:			
Indicator:	Percent SWPPPs reviewed		
Began Tracki	ng: 2005 (year)	Frequency:	Upon submission  (ex.: annual, monthly, biweekly)
# 50 SWPPPs			
·		(ex.: samples/part	icipants/events)
÷.771.			
^ This indicat	or is provided as an exan	nple only.	
* This indicat  Indicator:	or is provided as an exam	nple only.	
	Employees were trained	nple only.  Frequency:	Ongoing  (ex.: annual, monthly, biweekly)
Indicator:	Employees were trained  ng:  2007	Frequency:	(ex.: annual, monthly, biweekly)
Indicator: Began Tracki	Employees were trained  ng:  2007	1	(ex.: annual, monthly, biweekly)

This report is being submitted for the reporting period ending March 9, 2 0 0 9

			SPDES ID	
Name of MS4/Coalition City of Kingston			N Y R 2	2 0 A 3 9 4
Minimum Control Me	easure 5. Post	-Constructio	on Stormwater M	anagement
The information in this section is be	eing reported (chec	ck one):		
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li><li>How many MS4s coal</li></ul>	ntributed to this	report?		
1. How many and what type of p MS4/Coalition inventoried, in				as your
	# Inventoried	# Inspections	# Times Maintained	
O Alternative Practices				
O Filter Systems				
O Infiltration Basins				
Open Channels				
Ponds	4	$\boxed{ \qquad \qquad 4 }$	1	
O Wetlands				
Other				
<ul><li>2. Do you use an electronic too BMPs, inspections and mai</li><li>3. What types of non-structur</li></ul>	ntanance? al practices hav	e been used to	implement Low Im	○ Yes ● No
Development/Better Site De	esign/Green Infi	rastructure pr	inciples?	
O Building Codes				
O Comprehensive Planning				
Overlay Districts				
○ Zoning				
O None		<u> </u>		
A Out DITIAIN MAKE	r i a w h	.	n n i n a l	Biolairidi l

Name of MS4/Coalition

City of Kingston

4. Evaluating/Measuring Progress MCM 5

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 0 \end{vmatrix}$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N Y R 2 0 A

3 9 4

Example*:							
ndicator:	Number of reports of flooding during storm events from business district						
Began Trac	king:	2005 (year)	Frequency:	Annual Summary  (ex.: annual, monthly, biweekly)			
! 18		***************************************					
<u> </u>			(ex.: samples/part	icipants/events)			
	aun	utable to illuteast					
This indic	ator is p	rovided as an exa	•	maintenance of post construction BMPs.			
	<u>-</u>	rovided as an exa	•				
ndicator:	Num	rovided as an exa	mple only.  during storm events from r				
This indic Indicator: Began Trac	Num	rovided as an exame exam	mple only.	esidential area			
ndicator: Began Trac	Num	rovided as an example of reports of flooding 2008	mple only.  during storm events from r	esidential area  ongonig			
ndicator: Began Trac	Num	rovided as an example of reports of flooding 2008	mple only.  during storm events from r	esidential area  ongonig  (ex.: annual, monthly, biweekly)			

This report is being submitted for the reporting period ending March 9, 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPL	152	III					
Name of MS4/Coalition City of Kingston	N	Y	R	2	0	A :	3 9	4
Minimum Control Measure 6. Stormwater Management	for N	/Iu	nic	ipa	al (	<u>Ope</u>	erat	tions

#### <u>S</u>

The information in this section is being reported (check one):	
On behalf of an individual MS4	
On behalf of a coalition	
How many MS4s contributed to this report?	

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

> Self-Assessment Operation/Activity/Facility performed within the past 3

		periorinea within	the hast 2
Addressed in	SWMP?	<u>years?</u>	
• Yes	○ No	• Yes	O No
○ Yes	● No	○ Yes	No
🖲 Yes	○ No	• Yes	O No
🖲 Yes	○ No	• Yes	O No
• Yes	○ No	• Yes	O No
ance O Yes	• No	○ Yes	No
🖲 Yes	○ No	• Yes	$\bigcirc$ No
• Yes	○ No	🗣 Yes	O No
🏶 Yes	○ No	• Yes	O No
🖲 Yes	○ No	• Yes	O No
🏶 Yes	○ No	● Yes	O No
• Yes	○ No	● Yes	O No
Yes	○ No	Yes	O No
Yes	○ No	● Yes	O No
• Yes	○ No	○ Yes	O No
	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	Yes O No	Addressed in SWMP?         years?           Yes         No         Yes           Yes         No         Yes

This report is being submitted for the reporting period ending March 9, 2 0 0 9

Name of MS4/Coalition City of Kingston	N Y R 2	0 A 3	9	4
2. Provide the following information about municipal operation	tions good housekeep	ing prog	ran	ıs:
Parking Lots Swept	# Acres		1	0
Streets Swept	# Miles	2	7	0
Catch Basins Inspected and Cleaned Where Necessary	#	1	0	0
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#			4
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			0
O Nitrogen Applied In Chemical Fertilizer	# Lbs.			0
O Pesticide/Herbicide Applied As Pure Product	# Lbs.	5	0	0
3. How many stormwater management trainings have been during this reporting period?	provided to municipa	al employ	ees	0
4. What was the date of the last training?	02/01	/ 2 0	0	8
5. How many municipal employees have been trained in this	s reporting period?			0
6. What percent of municipal employees in relevant position stormwater management training?	ns and departments r	eceive	0	%

This report is being submitted for the reporting period ending March 9, 2 0 0 9

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID N Y R 2 0 A 3 City of Kingston Name of MS4/Coalition 7. Evaluating/Measuring Progress MCM 6 What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency? Example\*: Catch basins inspected and cleaned Indicator: 2005 monthly Began Tracking: Frequency: (year) (ex.: annual, monthly, biweekly) 40 catch basins cleaned (ex.: samples/participants/events) Results: In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance. \* This indicator is provided as an example only. Increase street sweeping 50% Indicator: 2007 annually Began Tracking: Frequency: (year) (ex.: annual, monthly, biweekly) 270 Miles (ex.: samples/participants/events) Results: sweeping activities have increased 50%

Submit additional pages as needed.

Submit additional pages as needed.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 0 \mid 9$ . If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Nan	ne of MS4/Co	aliti	on City of Kingsto	on			j	N Y	R	2	0 A	3	9 4
7.	Evaluatin	g/M	leasuring Pr	ogress	s MCM 6								
Ma					te the overall effe g Program, how l								nat
Exa	ample*:												
Ina	licator:	Cat	ch basins inspected	d and clear	ned								
Began Tracki		ıg:	2005 (year)		Frequency:	monthly	(ex.: anm	ual, mont	hly, b	iweek	ly)	************	
#	40 catch basin	s clea								•		.,,	
	<u> </u>				(ex.: samples/part	icipants/events)				······································			
* T	This indicate	dep		ersonn	ore often than last tel during storm e	•							777
Ina	licator:	cat	ch basins cleaned a	ınd repaire	∍d								
Beş	gan Trackii	ıg:	2007 (year)		Frequency:	ongoing	(ex.: ann	ual, mont	hly, b	riweek	ly)		
#	6												
	r			******************************	(ex.: samples/part	icipants/events)							
Re	sults:	proj			ngoing drainage su r drainage system								

This report is being submitted for the reporting period ending March 9, 2 0 0 9

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition City of Ki	ngston		SPDES ID    N   Y   R   2   0   A   3   9   4
Additional Wate	ershed Improveme	nt Strategy Best Ma	nagement Practices
The information in this sectio	n is being reported (che	ck one):	
On behalf of an individual	MS4		
On behalf of a coalition			
How many MS	4s contributed to this	report?	
MS4s must answer the qu	estions or check NA	as indicated in the table	e below.
			, mag
MS4 Description NYC EOH Watershed	Answer	Check NA	(POC)
Traditional Land Use	1,2,3,4,5,6,7,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,7,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	*	-	-
Traditional Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed			****
Traditional Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus Phosphorus
Non-Traditional Oyster Bay	1,4,6,7,8a,9	2,3,5,8b,10,11,12	r nosphotus
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens
Peconic Estuary	-	-	**
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
:			
4 D 3/0//0 P	*		
1. Does your MS4/Coalit			mpacts of
phosphorus/nitrogen/	pathogens on waterb	odies?	○ Yes ○ No ● N
2. Has 100% of the MS4	Coalition conveyance	e system been manned i	in CIS?
2. Itas 100 /6 of the 14154	Coaminon conveyance	e system been mapped i	
			O Yes O No O N
If N/A, go to question 3	3.		
70 1			
If No, estimate what pe	rcentage of the convey	rance system has been ma	apped so far.
Estimate what percenta	ge was mapped in this	reporting period.	
The production of the producti	- 11	1 01	

O Yes O No O N/A

and Maintenance Plan Program?

This report is being submitted for the reporting period ending March 9, 2 0 0 9

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID Υ R 2 0 A 3 City of Kingston Name of MS4/Coalition 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? % 5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? O Yes  $\bigcirc$  No N/A 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal ○ Yes O No N/A Standards? 7. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes  $\bigcirc$  No N/A 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? O Yes O No N/A 9. Has your MS4/Coalition developed and implemented a program of native planting? O Yes O No N/A 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and O No prohibiting goose feeding? O Yes 11. Does your MS4/Coalition have a pet waste bag program? O Yes O No • N/A 12.Does your MS4/Coalition have a program to manage goose populations?○ Yes